

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-1831		OH-2 OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 1/30/16 DAY SAT		TIME: MILITARY 14:23	
CRASH OCCURRED ON 1235 COLUMBUS AVE, PEEBLES				WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E S OF _____				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 8321			
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT ALLSTATE					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) PAXSON, DEBORAH A				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1093 CAMP CREEK WAYNESVILLE, OH 45068							
PHONE NO. 513-855-4049		BIRTH DATE 12/12/63		AGE 52		SEX F		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. RG 713828 OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS				PHONE			
VEH YR 2010		MAKE NISSAN		MODEL MURANO		COLOR CHRO		STYLE SW		STATE OH LICENSE PLATE NO. DVF 4194 TOWING SERVICE VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 1		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT GRANGE					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) CAWELL, BARBARA J				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 173 E. MCKINLEY S. LEBANON							
PHONE NO. 937-672-1019		BIRTH DATE 2/18/54		AGE 61		SEX F		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. RO 261241 OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS				PHONE			
VEH YR 2004		MAKE FORD		MODEL ESCAPE		COLOR BLK		STYLE SW		STATE OH LICENSE PLATE NO. ETF 2576 TOWING SERVICE VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 1		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
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		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F	
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		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F	
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		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F	
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		ADDRESS		m   d   y		SEX		A B C D E F		A B C D E F	
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL	
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